

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12395

## 1. PLACE OF DEATH

County Dorchester No. \_\_\_\_\_  
 Village or City Hannissville Md St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 1 Hannissville Md

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male Colored Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, end year)

7. AGE Years Months Days If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place Melissa Blvd Md Date 12-31 1934

19. UNDERTAKER

(Address) James Bayneem

20. FILED

(Address) 12-29 1934 Dr. Gilbert M. L.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

82-21

Registration Dist. No. 116

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 21. DATE OF DEATH

Dec. 28

(Month)

(Day)

1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

12-27, 1934, to 12-28, 1934; I last saw him alive on 12-27, 1934; death is said to have occurred on the date stated above, at 8:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral HemorrhageDate of onset  
at 8:30 A.M.

Other Contributory Causes of importance

arteries dilated  
severaged

1930

Name of operation

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fighting Memphis  
M. D.  
(Address) Carthage Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED JAN 1 1923	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	RECEIVED JAN 1 1923	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12396

## 1. PLACE OF DEATH

County Hanover

(180)

Registration Dist. No.

115

Village or City Golden Hill

St.

Ward

Length of residence in city or town where death occurred 75 yrs., — mos., — ds. How long in U. S. if of foreign birth? yrs. — mos. — ds.

## 2. FULL NAME

Addie Bishop

(a) Residence: No.

Golden Hill  
(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJake Bishop -

6. DATE OF BIRTH (month, day, and year)

exact date unknown

7. AGE Years 75 Months — Days —If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.about Date of birth 1859

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year) Dec 193411. Total time (years)  
spent in this  
occupation 6012. BIRTHPLACE (city or town)  
(State or country)Golden HillInd13. NAME Mose Saunders14. BIRTHPLACE (city or town)  
(State or country)Golden HillInd15. MAIDEN NAME Mary Meekins16. BIRTHPLACE (city or town)  
(State or country)Golden HillInd17. INFORMANT Aaron Meekins

(Address)

Golden Hill, Ind

18. BURIAL, CREMATION, OR REMOVAL

Place Golden Hill, IndDate Dec 30, 193419. UNDERTAKER Donald Richardson

(Address)

Church Creek, Md20. FILED Dec 3, 1934Firms of James W. BrooksLocality Rockville

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 30, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 29, 1934, to Dec 30, 1934I last saw her alive on Dec 29, 1934, death is saidto have occurred on the date stated above, at 12:00 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Burned to deathAccidental Cremation

Date of onset

Dec 30

Other Contributory Causes of importance:

none

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 30, 1934Where did injury occur? Golden Hill, Ind

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in homeManner of Injury House caught fire duringNature of injury night - Cremation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James W. Brooks(Address) Fishing Creek, Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

On Charle

Village or City

Cambridge

Length of residence in city or town where death occurred

yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

12397  
118

No. Cambridge Md. 10947

St.

Ward

## 2. FULL NAME

Sma Blunden

(a) Residence: No. 1270 - 6th &amp; Field St

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colr

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 21 - 1883

7. AGE

Years

51.

Months

10

Days

4

IF LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Public School Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. York Colord School

10. Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town)

(State or country)

MOTHER FATHER

13. NAME Joseph Blunden

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME Susan Eisand

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Sma Blunden

18. BURIAL, CREMATION, OR REMOVAL

Place

Phila Pa Date Dec. 19, 1934

19. UNDERTAKER

(Address)

N. M. St Clair

Cambridge Md.

20. FILED

(Address)

15-16, 1934 Dr. G. E. Murphy

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec  
(Month)15-  
(Day)1934  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 14 - 1934 to Dec 17, 1934

I last saw her alive on Dec 14, 1934; death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Burns 14-15 degree both legs. Due to virus + left hand + right accident burn from wood stove

Other Contributory Causes of Importance:

Sputum shock

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Data of Injury 12-17, 1934

Where did injury occur? Bucktown Orchards. Md.

(Specify city or town, county and State)

Open lung wound from wood stove

Manner of injury In Colord Public School Bucktown Md.

Nature of injury Burn to abdomen, bullet, gun hand rest

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

High school Cambridge Md.

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1937
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12398

## 1. PLACE OF DEATH

County

Hillsborough

Worcester

Registration Dist. No. 118

Village or City

Length of residence in city or town where death occurred

yrs.

No.

mos.

ds.

How long in U.S. if of foreign birth yrs. mos. ds.

St.

Ward

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White single

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

12/19/34

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Hillsborough Md

MOTHER FATHER

13. NAME

Thos Bowdle Jr

14. BIRTHPLACE (city or town)  
(State or country)

Md

15. MAIDEN NAME

Sara Va. Corcoran

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT

(Address)

Thos Bowdle Jr

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial

Date 12/19/34

19. UNDERTAKER

(Address)

Thos Bowdle Jr (Palmer)  
Hillsborough Md

20. FILED

Dec. 19 - 1934

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12

19

1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

No time 19 to no time 19

I last saw him alive on 12/19/34, death is said  
to have occurred on the date stated above, at 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Germotene Birth

Date of onset

Other Contributory Causes of importance:

Don't know

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Roger Myers M.D.  
(Signed) (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923	Other contributory causes of importance: Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County DorchesterVillage or City WilliamsburgLength of residence in city or town where death occurred None

(3)

Registration Dist. No. 118 12399St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Infant Bowdle Still Born at about 5 month gestation

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE n5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

12/19/34

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

Still Birth

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Md

13. NAME

Thos Bowdle Jr

FATHER

14. BIRTHPLACE (city or town)  
(State or country)Md

MOTHER

15. MAIDEN NAME

Sarah Va. Conklin16. BIRTHPLACE (city or town)  
(State or country)Md

17. INFORMANT

(Address)

Thos Bowdle JrWilliamsburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place FuneralData 12/19/34

19. UNDERTAKER

(Address)

Thos Bowdle JrWilliamsburg Md

20. FILED

(Date)

Dec 19 - 1937Chas H. Mastag

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

Dec  
(Month)19  
(Day)1934  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

No time, 19, to No time, 19,I last saw him alive on dead 12/19/34, 1934; death is said to have occurred on the date stated above, at 12:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Birth

Date of onset

Other Contributory Causes of importance:

Don't know

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Data of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) G. Roger Myers M. D.(Address) Hancock Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1928

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	RECEIVED	1 week ago
Run over by street car	JAN 4 1928	1 week ago
Peritonitis		3 days ago

Example II

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

18401

## 1. PLACE OF DEATH

County DorchesterVillage or City Cambridge MdRegistration Dist. No. 116Length of residence in city or town where death occurred 35 yrs.No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Rosie Ann Cook(a) Residence: No. 303 2nd Ave

(Usual place of abode)

St.,

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJ. Wilton Cook

6. DATE OF BIRTH (month, day, and year)

Nov 25 1880

7. AGE

Years 54Months 0Days 26If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Dorothy Island

MOTHER FATHER

13. NAME

Jean Jones14. BIRTHPLACE (city or town)  
(State or country)Dorothy Island

15. MAIDEN NAME

Cornelia Abbott16. BIRTHPLACE (city or town)  
(State or country)Dorothy Island17. INFORMANT  
(Address)Mrs. Wilton Cook

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Dec 3, 193419. UNDERTAKER  
(Address)Frank E. Albaugh20. FILED 12-21-1934 Albaugh

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 21  
(Month) (Day), 1934  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
Dec 12, 1934, to Dec 21, 1934I last saw her alive on Dec 21, 1934; death is said  
to have occurred on the date stated above, at 5 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Myocardia

Data of onset

12/12/34

Other Contributory Causes of Importance:

Urinary12/15/34

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? ExamsWas there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

John now Jr M. D.  
(Address) Cambridge Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH 12402

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Dorchester

29

Registration Dist. No. 110

Village or City

near Harlock

St.

Ward

Length of residence in city or town where death occurred

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Black Widower

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 24 1880

7. AGE Years Months Days If LESS than  
53 10 — 1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME Alfred A Cooper

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Dec 19, 1934

19. UNDERTAKER

(Address)

20. FILED

12-17, 1934

Chas St Hastings

Regis.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec, 16  
(Month) (Day)  
, 1934  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
He has not attended him for 30 days, 1934

I last saw him alive on 19; death is said

to have occurred on the date stated above, at 4 P.M.,

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Tuberculosis of  
Lungs.

Date of onset

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIDEL ENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19,

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L.G. Fager  
(Address) Harlock, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12403

## 1. PLACE OF DEATH

County Dorchester,

Village or City Hurlock, Md. (Out-side)

Registration Dist. No. 110

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Ollie Lee Corkran,

(a) Residence: No. Hurlock, Md. R.F.D.  
(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  
Male, White, OR DIVORCED (write the word)  
Single,5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

exact day not known

6. DATE OF BIRTH (month, day, and year) October, -- 1871

7. AGE Years Months Days If LESS than  
63 2 1 day, hrs.  
or min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Farmer,9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at this occupation (month and year) Dec 12<sup>th</sup> 1934 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Dorchester Co.  
(State or country) Md.13. NAME Samuel Corkran,  
Dorchester Co.  
Md.14. BIRTHPLACE (city or town) Dorchester Co.  
(State or country) Md.

15. MAIDEN NAME Mary B. Harper,

16. BIRTHPLACE (city or town) Dorchester Co.  
(State or country) Md.17. INFORMANT Charles H. Corkran,  
(Address) Hurlock, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL  
Place Hurlock, Md. Date Jan. 1st, 193519. UNDERTAKER J. T. Frampton & Son,  
(Address) Federalsburg, Md.20. FILED Dec 31, 1934 Chas H. Hastings  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December, 29th, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Name unknown, 1934, to 1934  
I last saw him alive on Dec. 29, 1934; death is said  
to have occurred on the date stated above, at 10:07 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Intestinal Influenza.

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) L. G. Johnson, M.D.  
(Address) Hurlock, Md.

MARGIN RESERVED FOR BINDING

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I

V. S. No. 1

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 **I** MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12404

**1. PLACE OF DEATH**

County

Dorchester

Village or City

Cambridge

(108)

Registration Dist. No.

116

St.,

Ward

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

**2. FULL NAME**

(a) Residence: No.

James Williams Cornish

6 Skinner Ct

St., Ward.

If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

male

color

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

single

6. DATE OF BIRTH (month, day, and year)

7. AGE  
Years 29 Months 6 Days - If LESS than  
1 day, hrs.  
or min.

June 1905

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jan 1934 II. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town)  
(State or country)

Dorchester Co Md

13. NAME

Mrs. W. Williams

14. BIRTHPLACE (city or town)  
(State or country)

Cambridge Md

15. MAIDEN NAME

Cornelia Cornish

16. BIRTHPLACE (city or town)  
(State or country)

Taylor Island Md

17. INFORMANT

George Williams

(Address)

6 Skinner Ct

18. BURIAL, CREMATION, OR REMOVAL  
Place Bethel Cemetery Date Dec 9, 1934

19. UNDERTAKER

J. H. Cleary

(Address)

308 Main St Cambridge

20. FILED 12-8-1934 D. G. McMurtry  
Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH**December 5  
(Month) (Day), 1934  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 1, 1934, to Dec 5, 1934

I last saw him alive on Dec 5, 1934; death is said to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Influenza pneumonia

Date of onset  
11-24-34

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clamor Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? undetermined

If so, specify \_\_\_\_\_

(Signed) Carroll Mrs. Cleary M. D.  
(Address) 308 Main St Cambridge

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12405

## 1. PLACE OF DEATH

County Dorchester

Village or City Crocheron, Md.

(12)

Registration Dist. No. 119

St. Ward

Length of residence in city or town where death occurred 40 yrs. 1 mos. 3 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. 3 ds. How long in U.S. If of foreign birth? X yrs. X mos. X ds.

## 2. FULL NAME Clarence E. Crocheron.

(a) Residence: No. Crocheron, Md.

St. X Ward.

X

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
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Se. If married, widowed, or divorced.  
HUSBAND of ~~Marie~~ Insley.  
(or) WIFE of ~~Marie~~

6. DATE OF BIRTH (month, day, and year) 11.22.1885.

7. AGE Years 49	Months I	Days 3	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BAKER, etc. Merchant.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 12/18/34. 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Crocheron, (State or country) Md.

13. NAME Eugene Crocheron.

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Tryphena Johnson.

16. BIRTHPLACE (city or town) Maryland. (State or country)

17. INFORMANT Mr. Irving Crocheron. (Address) Crocheron, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 12/27/34, \$9

19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Md.

20. FILED Dec. 26 1934 Wilson D. Pitcher Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH December 25th,

(Month) (Day) (Year) December 25th, 1934

22. I HEREBY CERTIFY. That I attended deceased from Dec. 18, 1934, to Dec. 25, 1934.

I last saw him alive on Dec. 25, 1934; death is said to have occurred on the date stated above, at 12.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Gastritis, influenza.

## Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) None M. D.  
(Address) Local

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

JAN 3 1928

RECEIVED  
Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12406

## 1. PLACE OF DEATH

County DorchesterVillage or City East New Market

92-2

Registration Dist. No.

111

St.

Ward

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

mos.      ds.      How long in U.S. M of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

(a) Residence: No. 709(Usual place of abode) East New Market St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married

Husband of  
(or) Wife ofEliza Ellis

about 1874 don't know

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than  
1 day,      hrs.  
or      min.

60

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

House work

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Synd

13. NAME

Stephen Jenkins

14. BIRTHPLACE (city or town)  
(State or country)

Synd

15. MAIDEN NAME

Beat Rnow

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Place and date)

Date Dec 17 34

19. UNDERTAKER

(Address)

20. FILED

(Date)

(Address)

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

dec.  
(Month)18<sup>th</sup>  
(Day)1934  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Nov 25<sup>th</sup> 1934 to Dec 18<sup>th</sup>, 1934I last saw her alive on Dec 16<sup>th</sup>, 1934; death is said

to have occurred on the date stated above, at 4:38 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Aortic Stenosis of heart  
Nov 25 34

Other Contributory Causes of importance:

General arteriosclerosis  
Aug 17 34

Name of operation      none      Date of      none

What test confirmed diagnosis?      none      Was there an autopsy?      no

23. If death was due to external causes (VIOLENCE), fill in also the following:

Accident, suicide, or homicide?      Date of injury      19

Where did Injury occur?      (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify      (Signed)      M. D.

(Address)

(Address)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12407

## 1. PLACE OF DEATH

County Dorchester

Registration Dist. No. 116

Village or City Cambridge

No. Eastern Shore State Hospital

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Cyrus Ferguson

(a) Residence: No. Port Deposit, Md.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Georgia M. Shure

6. DATE OF BIRTH (month, day, and year)	March 12, 1870		
7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	17	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Storekeeper
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	General Store
10. Date deceased last worked at this occupation (month and year)	A few mos. ago
	11. Total time (years) spent in this occupation
	About 15 yrs.

12. BIRTHPLACE (city or town) Port Deposit  
(State or country) Md.

13. NAME John T. Ferguson  
14. BIRTHPLACE (city or town) nr. Rising Sun  
(State or country) Md.

15. MAIDEN NAME Hannah McVey  
16. BIRTHPLACE (city or town) nr. Rising Sun  
(State or country) Md.

17. INFORMANT E.S.S. Hospital Records  
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place West Springfield, Md. Date Jan 2, 1934

19. UNDERTAKER J.C. Tyson  
(Address) Rising Sun, Md.

20. FILED 12-29-1934 by Selected Media

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 29, 1934

I HEREBY CERTIFY, That I attended deceased from December 17, 1934, to December 29, 1934.

I last saw him alive on Dec. 29, 1934; death is said to have occurred on the date stated above, at 7:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis

Date of onset  
1 yr. ago

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) Charles Bakierre  
(Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12409

## 1. PLACE OF DEATH

County Dorchester

Village or City Bishops Head, Md.

186-a

Registration Dist. No.

119

St., Ward

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Wm. Washington Hart.

(a) Residence: No. Bishops Head, Md.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
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5a. If married, widowed, or divorced HUSBAND OF Late Maria L. Hart. (or) WIFE OF

6. DATE OF BIRTH (month, day, and year) 1850, Sept 11

7. AGE Years 84	Months 3 X	Days 10X	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X	
10. Date deceased last worked at this occupation (month and year) X	11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Lakesville, Md.,  
(State or country)

13. NAME George W. Hart

14. BIRTHPLACE (city or town) Maryland.  
(State or country)

15. MAIDEN NAME Katherine Gore

16. BIRTHPLACE (city or town) Maryland.  
(State or country)17. INFORMANT B. J. Bramble.  
(Address) Bishops Head, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bishops Head, Md. Date 12/23/34

19. UNDERTAKER Granville S. LeCompte  
(Address) Cambridge, Md.20. FILED Dec 22 1934 Willoughby D. Hitchcock  
Local Registrar

## 21. DATE OF DEATH December 21

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 21, 1934, to Dec 1, 1934.

I last saw him alive on Dec 21, 1934; death is said to have occurred on the date stated above, 3:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of neck of femur  
Fracture of femur  
Lacerated meningo-corditis  
Accidental fracture, due to a fall  
Cause of death

Date of onset

6/15/34

12/21/34

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

at home

Manner of injury Residential fall.

Nature of injury Fracture of femur.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. H. Tawes M. D.

(Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH				12410
1. PLACE OF DEATH County <u>Oxford</u> Village or City <u>Cambridge</u>				(3)
				Registration Dist. No. <u>115</u>
				No. <u>Maternity</u> Street, Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)				Ward
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME (a) Residence: No. <u>Resident Hospital</u> (Usual place of abode)				St., Ward.
3. PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>				
6. DATE OF BIRTH (month, day, and year) <u>Dec. 25 1934</u>				
7. AGE Years <u>—</u>	Months <u>3</u>	Days <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>				
10. Data deceased last worked at this occupation (month and year) <u>—</u> 11. Total time (years) spent in this occupation <u>None</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Md.</u>				
FATHER	13. NAME <u>Alvin Hastings</u>			
14. BIRTHPLACE (city or town) (State or country) <u>None</u>				
MOTHER	15. MAIDEN NAME <u>Ella Kelly</u>			
16. BIRTHPLACE (city or town) (State or country) <u>None</u>				
17. INFORMANT <u>Mrs. Lydia Hastings</u> (Address) <u>Bethel Avenue</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buried at Bethel Cemetery</u> Date <u>12-28-84</u> , 19 <u>84</u>				
19. UNDERTAKER <u>Parker Hospital</u> (Address) <u>Cathedral and</u>				
20. FILED <u>12-28-84</u> <u>D. C. Clerk's Office</u> Registrar				
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				
21. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH <u>Oct. 28</u> (Month) <u>1934</u> (Year)				
22. I HEREBY CERTIFY, That I attended deceased from <u>—</u> , 19 <u>—</u> , to <u>—</u> , 19 <u>—</u> . I last saw him alive on <u>Dec 17 1934</u> ; death is said to have occurred on the date stated above, at <u>6:00 P.M.</u>				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  <u>Natural &amp; continuing as 3 minutes.</u>				
Other Contributory Causes of Importance:  <u>None</u>				
Name of operator <u>None</u> Date of <u>None</u> What test confirmed diagnosis? _____ Was there an autopsy? _____				
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>—</u>				
Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. <u>None</u>				
Manner of injury _____ Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? <u>None</u> If so, specify _____ (Signed) <u>Lydia Hastings</u> M.D. (Address) <u>Cambridge Md.</u> M.D.				

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED  
JAN 4 1928

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12411

## 1. PLACE OF DEATH

County BaltimoreVillage or City Wingates, Md.

93-2

Registration Dist. No. 119St.      Ward     Length of residence in city or town where death occurred 70 yrs.      mos.      ds. How long in U. S. if of foreign birth?      yrs.      mos.      ds.2. FULL NAME Frank H. Hayward.(a) Residence: No. Bishops Head, Md.St.      X Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Widowed.</u>
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5a. If married, widowed, or divorced  
HUSBAND of Late Elizabeth Williams.  
(or) WIFE of     6. DATE OF BIRTH (month, day, and year) 1865.

7. AGE <u>70</u> Years	Months <u>X</u>	Days <u>X</u>	If LESS than 1 day, <u>    </u> hrs. or <u>    </u> min.
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OCCUPATION  
 8. Trade, profession, or particular kind of work done as SPINNER,  
SAWYER, BOOKKEEPER, etc. Farmer  
 9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year) 1929      11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Wingates, Md.  
(State or country)

MOTHER FATHER  
 13. NAME Thomas Hayward.  
 14. BIRTHPLACE (city or town) Wingates, Md.  
(State or country)

MOTHER  
 15. MAIDEN NAME Not Known.  
 16. BIRTHPLACE (city or town)  
(State or country) X

17. INFORMANT Arsby Thomas.  
(Address) Wingates, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Wingates, Md. Date 12/23/3419. UNDERTAKER Granville S. Le Compte.  
(Address) Cambridge, Md.20. FILED Dec 22 1934 Wilson D. Pitcher  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 21

(Month)

(Day)

(Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to Dec 21, 1934. I last saw him alive on Dec 21, 1934; death is said to have occurred on the date stated above, at 9:30 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myo-carditisDate of onset  
8/20/32

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) F. H. Tawes M. D.  
(Address) Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12412

## 1. PLACE OF DEATH

County

Dorchester

22-01

Registration Dist. No.

112

Village or City

Near Vienna

St.

Ward

Length of residence in city or town where death occurred

20 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Thomas J. Holder

(a) Residence: No.

Vienna (West side)  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

m White married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Rebecca S. Holder

6. DATE OF BIRTH (month, day, and year)

March 17 - 1863

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

71

8

18

18

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

Farmer

12. BIRTHPLACE (city or town)

(State or country)

Md.

FATHER

13. NAME

Thomas Holder

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Margaret Murphy

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Thomas Holder  
Vienna

18. BURIAL, CREMATION, OR REMOVAL

Place

McKendge

Date Dec 8, 1934

19. UNDERTAKER

(Address)

H. D. Travers & Sons  
Sharpstown Md.

20. FILED

Dec 6, 1934

Elizabeth H. Craft  
Registrar

## 21. DATE OF DEATH

Dec

5

1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

high blood pressure

Last saw him alive on Dec 5, 1934; death is said

to have occurred on the date stated above, at 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral

Date of onset

Other Contributory Causes of Importance:

High blood pressure

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

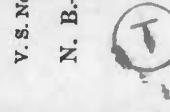
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

T. J. Murphy, M.D.





## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12413

## 1. PLACE OF DEATH

County

Dorchester

23

Registration Dist. No.

116

Village or City

Cambridge

St., Ward

Length of residence in city or town where death occurred

25 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Thelma Lorraine Horseman

(a) Residence: No.

104 Franklin St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 5/1909

7. AGE Years Months Days If LESS than  
25 2 6 1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Cambridge Md.

(State or country)

13. NAME

T. J. Horseman

14. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

15. MAIDEN NAME

Lillian B. Spear

16. BIRTHPLACE (city or town)

Cambridge Md.

(State or country)

17. INFORMANT

(Address)

Lillian B. Spear

Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: East Cambridge Md. Date: Oct 13, 1934

19. UNDERTAKER

(Address)

Frank E. Albany

Cambridge Md.

20. FILED

(Date)

12-12, 1934

J. E. Miller

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 11, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 7, 1934, to Dec 10, 1934

I last saw her alive on Dec 10, 1934; death is said  
to have occurred on the date stated above, at 2:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Tuberculosis

Date of onset

## Other Contributory Causes of importance:

Name of operation: None Data of:

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dated of injury: 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John Moore Jr. M.D.

Cambridge Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	RECEIVED	1 week ago
Run over by street car	JAN 1 1928	1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

12414

MARGIN RESERVED FOR BINDING

**F**IRST—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH		(175)	Registration Dist. No.	111
County Rochester Village or City East New Market		No.	St.,	Ward
Length of residence in city or town where death occurred all life		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME Martin L. Jackson		How long in U.S. If of foreign birth? yrs. mos. ds.		
(a) Residence: No. 12 East New Market		If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE Colored	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, end year) May 1st 1902				
7. AGE 32	Years	Months 7	Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Hand				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Wm				
13. NAME Draper Jackson				
14. BIRTHPLACE (city or town) (State or country) Wm				
15. MAIDEN NAME Don't know				
16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT Alice Good (Address) East New Market				
18. BURIAL, CREMATION, OR REMOVAL Place East New Market Date Dec 18, 1934				
19. UNDERTAKER H. H. Willoughby (Address) East New Market				
20. FILED Dec 17, 1934 - H. E. Parker				
OCCUPATION	MEDICAL CERTIFICATE OF DEATH			
FATHER	21. DATE OF DEATH Dec 15-1934 (Month) (Day) (Year)			
MOTHER	22. I HEREBY CERTIFY That I attended deceased from Inspected the remains at the request of			
	I last saw him live on Dec 16, 1934; death is said to have occurred on the date stated above, at 12 P.M.			
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
	Death caused by some blunt instrument utilized in the hands of Harry and Edward Dodson			
	Other Contributory Causes of importance: none			
	Name of operation name Date of			
	What test confirmed diagnosis Autopsy of body Was there an autopsy?			
	23. If death was due to external causes (VIOLENCE) fill in also the following:			
	Accident, suicide, or homicide? Date of Injury 19			
	Where did injury occur? near E. N. market, Wm			
	(Specify city or town, county and State)			
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
	Manner of injury Pierced skull			
	Nature of Injury			
	24. Was disease or injury in any way related to occupation of deceased? no			
	If so, specify			
	(Signed) P. G. Frazier M. D.			
	(Address) Wm			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH				12415
1. PLACE OF DEATH				(8)
County		Dorchester		Registration Dist. No. 116
Village or City		Cambridge Maryland Hospital		St. Ward
Length of residence in city or town where death occurred yrs. mos.				How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Baby McCarter				
(a) Residence: No. 149 Washington		St.	Ward.	If nonresident give city or town and State
				(Usual place of abode)
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	Colored			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) 12-12-1934				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Stillborn				
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Cambridge and Hospital				
MOTHER FATHER	13. NAME William Robinson			
14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.				
15. MAIDEN NAME Ruth McCarter				
16. BIRTHPLACE (city or town) (State or country) East New Market Md.				
17. INFORMANT Harriet McCarter (Address) 149 Wash St. Cambridge				
18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md. Date 12-13-1934				
19. UNDERTAKER Lazarus Bonneau (Address) Cambridge, Md.				
20. FILED 12-12-1934 D. L. Miller, Registrar				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH Dec. 12, 1934				
(Month) (Day), (Year)				
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19; I last saw him alive on 19; death is said to have occurred on the date stated above, at 12 noon.				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
Stillborn				
Other Contributory Causes of Importance: Macerated fetus				
Name of operation _____ Date of _____				
What test confirmed diagnosis? Was there an autopsy?				
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19_____				
Where did injury occur? (Specify city or town, county and State)				
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
Manner of injury _____				
Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____				
(Signed) W. D. Taylor M. D. (Address) 149 Washington				

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	RECEIVED JAN 4 1928	Date of onset
Run over by street car		1 week ago
Peritonitis	JAN 4 1928	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change color see form filed under  
Law. 2/2/65

**MARGIN RESERVED FOR BINDING**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12416

**1. PLACE OF DEATH**

County. Dorchester

Village or City Cambridge, Md.

(151)

Registration Dist. No. II6

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred 64 yrs. 10 mos. 23 ds. How long in U.S. if of foreign birth?  yrs.  mos.  ds.**2. FULL NAME** James E. Moler.

(a) Residence: No. II7 Rue de L'eau St.

No. X

St. I Ward.

X

If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male	4. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) Married.
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Rozell.

6. DATE OF BIRTH (month, day, and year) 2/3/1870.

7. AGE Years 64	Months 10	Days 23	If LESS than 1 day, _____. hrs. or _____. min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Furniture

10. Date deceased last worked at this occupation (month and year) 4/5/31 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

13. NAME James E. Moler.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Elizabeth Kepphart.

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs. Elizabeth Cotten. (Address) Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 12/27/34

19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Md.

20. FILED 12-27-1934 by G. K. Steele Registrar

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH**

December 25, 1934

(Month) (Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 1931, to , 1934

I last saw him alive on 12/24, 1934; death is said

to have occurred on the date stated above, at 2:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio - Vasculon. Renal disease

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

Guy Steele  
Cambridge Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

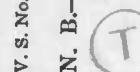
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12417

**1. PLACE OF DEATH**
County DorchesterVillage or City Cambridge, Md.

173

Registration Dist. No. 116

St., Ward

Length of residence in city or town where death occurred

yrs. 10 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2. FULL NAME**
(a) Residence: No. James Grand Murphy

Dorchester Ave St., Ward.

(Usual place of abode)

If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofHattie L. Bramble

6. DATE OF BIRTH (month, day, and year)

Nov 23, 1903

7. AGE

Years 31Months 0Days 22If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Hanler & Trucker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs12. BIRTHPLACE (city or town)  
(State or country)Dorchester Co  
Md.

MOTHER FATHER

f3. NAME

A. M. Murphy14. BIRTHPLACE (city or town)  
(State or country)Baltimore Md

15. MAIDEN NAME

Minnie Coors16. BIRTHPLACE (city or town)  
(State or country)Gummary

17. INFORMANT

(Address)

Hattie L. Murphy  
Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md.Date Dec 15, 1934

19. UNDERTAKER

(Address)

W. Frank E. Albrance  
Cambridge, Md.

20. FILED

Date 12-17, 1934D. O. M. D. G. Muller

Registrar.

**MEDICAL CERTIFICATE OF DEATH**
**21. DATE OF DEATH**
Dec  
(Month)15  
(Day), 1934  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19

to

, 19

I last saw h. alive on , f9. ; death is said to have occurred on the date stated above, at 11.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Grandmother around 2  
face & brain

Date of onset

Other Contributory Causes of importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury Dec 15, 1934Where did injury occur? Cambridge, Dorchester Co, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Gunshot (Pistol) woundNature of injury Entered below Right Eye - Exit Occiput

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signatures)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Harford Co. 108Village or City Cambridge Md. No.Length of residence in city or town where death occurred 20 yrs. mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S., if of foreign birth?    yrs. mos.ds. ds.Registration Dist. No. 116St. Ward2. FULL NAME Futura H Ridout(a) Residence: No. 914 Washington St., 2 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofElamid Ridout  
Husband

6. DATE OF BIRTH (month, day, and year)

Aug 28 1875

7. AGE

Years  
85Months  
5Days  
23If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc. Laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. no10. Date deceased last worked at  
this occupation (month end  
year) Dec 15 193411. Total time (years)  
spent in this  
occupation 40 yes12. BIRTHPLACE (city or town)  
(State or country)Cambridge  
Md.

MOTHER FATHER

13. NAME Father Ridout14. BIRTHPLACE (city or town)  
(State or country)Md.15. MAIDEN NAME Emily Ridout16. BIRTHPLACE (city or town)  
(State or country)Md.17. INFORMANT Elamid Ridout  
(Address) Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Bethel Cemetery Date Jan 3, 193519. UNDERTAKER Levi H Bangs  
(Address) Cambridge Md.20. FILED Jan 3, 1935 D. Shuck  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12  
(Month)31  
(Day)1934  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

12-31, 1934, to 12-31, 1934

I last saw him alive on 3/3, 1934; death is saidto have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Labor Pneumonia  
Date of death FebruaryDuration: one week cause?

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Data of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. B. Boyce M.D.(Address) 227 Pine St., Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engincer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12419

## 1. PLACE OF DEATH

County OstchesterVillage or City HoopersvilleLength of residence in city or town where death occurred 9 yrs.Registration Dist. No. 115

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_

mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Annie Gertrude Ross(a) Residence: No. 1315

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Maryland

nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Caucasian5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofNone

6. DATE OF BIRTH (month, day, and year)

July 14 - 1853

7. AGE

Years 81Months 4Days 20If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.House maid9. Industry or business in which  
work was done, as SICK MILL,  
SAW MILL, BANK, etc.Retired from Service10. Date deceased last worked at  
this occupation (month and  
year)192511. Total time (years)  
spent in this  
occupation 50

12. BIRTHPLACE (city or town)

Hoopersville  
(State or country) Maryland

MOTHER FATHER

13. NAME

Henry Ross

14. BIRTHPLACE (city or town)

Hoopersville  
(State or country) Maryland

15. MARRIED NAME

Nancy Elisabeth Burke

16. BIRTHPLACE (city or town)

Hoopersville  
(State or country) Maryland

17. INFORMANT

Annelia Newman

(Address)

Hoopersville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hoopersville, Date Dec. 5, 1934

19. UNDERTAKER

H. M. St. Clair

(Address)

Cambridge, Md

20. FILED

Dec. 4, 1934 James W. Meade

Locality

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 4  
(Month) 1934  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 41934, to Dec. 4, 1934I last saw him alive on Nov. 16, 1934; death is said  
to have occurred on the date stated above, at 12:30 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Indurated Hepatitis  
Data of onset 1900Sarcoma of Humerus  
Left arm 1932

Other Contributory Causes of Importance:

NoneName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 19Where did injury occur? None

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) James W. Meade M. D.(Address) Frederick County, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12420

## 1. PLACE OF DEATH

County Dorchester

Village or City near Elwood.

46

Registration Dist. No. 110

St. Ward

Length of residence in city or town where death occurred 36 yrs. 2 mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Charles Lee Rowins,

(a) Residence: No. Hurlock, Md. R.F.D. St. Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Gladys H. Rowins,

6. DATE OF BIRTH (month, day, and year) Oct. 20th. 1898	7. AGE Years 36	Months 2	Days 3	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer	II. Total time (years) spent in this occupation Life
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12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME Charles Rowins, FATHER

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

15. MAIDEN NAME Sallie E. Williams,

16. BIRTHPLACE (city or town) Caroline Co. (State or country) Md.

17. INFORMANT Mrs. Gladys H. Rowins, (Address) Hurlock, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date Dec. 26th 1934

19. UNDERTAKER J. T. Frampton &amp; Son, (Address) Federalsburg, Md.

20. FILED Dec. 24, 1934 Chas. H. Hartung, Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH December 23rd, 1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from June 10, 1934, to Dec. 23rd, 1934. I last saw him alive on Dec. 13, 1934; death is said to have occurred on the date stated above, at 11-40 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of  
rectum Date of onset 1932

## Other Contributory Causes of importance:

General metastasis  
liver, stomach -

Name of operation CECOSTOMY Date of 1933

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. E. Frampton, M.D.  
(Address) Federalsburg, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12421

## 1. PLACE OF DEATH

County Dorchester,Village or City Williamsburg,Registration Dist. No. 110St. WardLength of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Elijah John Russell,(a) Residence: No. Williamsburg, Md.St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male,</u>	4. COLOR OR RACE <u>White,</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Single,</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

No data on day or month.

6. DATE OF BIRTH (month, day, and year)

1877

7. AGE <u>57</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Laborer of farm.</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1930</u>	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (city or town) Dorchester Co.  
(State or country) Md.13. NAME William Russell,14. BIRTHPLACE (city or town) Dorchester Co.  
(State or country) Md.15. MAIDEN NAME Mary Insley,16. BIRTHPLACE (city or town) Dorchester Co.  
(State or country) Md.17. INFDRMANT Raymond L. Payne  
(Address) Federalsburg, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hurlock, Md. Date Dec. 29th, 193419. UNDERTAKER J. T. Frampton & Son.  
(Address) Federalsburg, Md.20. FILED Dec 28, 1934 Chas. St Hastings  
Registry

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December, 26th, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19\_\_\_\_, to , 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on , 19\_\_\_\_; death is said to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris Date of onset

Other Contributory Causes of importance:

Arterio Sclerosis

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Roger Myers M. D.  
(Address) Hurlock, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH  
County Hanover Co

Village or City Cambendale

Length of residence in city or town where death occurred 16 yrs., \_\_\_\_\_ mos., \_\_\_\_\_ ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Registration Dist. No. 116

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Julia Stabard

(a) Residence: No. 416 line  
(Usual place of abode)

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Stabard</u>		

6. DATE OF BIRTH (month, day, and year)	March 7 1908		
7. AGE Years <u>26</u>	Months <u>8</u>	Days <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House work</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>no</u>	
10. Date deceased last worked at this occupation (month and year) <u>1934</u>	11. Total time (years) spent in this occupation <u>4 yrs</u>

12. BIRTHPLACE (city or town) <u>Church Creek</u>
(State or country) <u>not Cromwell</u>

13. NAME <u>John Crossle</u>
14. BIRTHPLACE (city or town) <u>Church Creek</u>
(State or country) <u>not</u>

15. MAIDEN NAME <u>Sarah E. Emmons</u>
16. BIRTHPLACE (city or town) <u>Church Creek</u>
(State or country) <u>not</u>

17. INFORMANT <u>Sarah Boynton</u>
(Address) <u>Cambendale not</u>
18. BURIAL, CREMATION, OR REMOVAL

Place Cambendale Date Dec 12, 1934

19. UNDERTAKER <u>Loring H. Boynton</u>
(Address) <u>Cambendale not</u>

20. FILED 12-11, 1934 D. J. C. M. D. M. D.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 (Month) 9 (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

8-19, 1934, to 12-9, 1934

I last saw her alive on 12-8, 1934; death is said to have occurred on the date stated above, at 2:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of Death  
Woman

Other Contributory Causes of importance:

Name of operation ✓ Data of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. L. Boynton M. D.

(Address) 222 Main St., Cambridge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	RECEIVED	1 week ago
Run over by street car		1 week ago
Peritonitis	165	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Dorchester

85

Registration Dist. No. 116

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Village or City

Cambridge

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U.S. if of foreign birth?

yrs.

mos.

days.

## 2. FULL NAME

(a) Residence: No.

Louise Strong

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

white

4. COLOR OR RACE

Single

5a. If married, widowed, or divorced

HUSBAND  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 1st 1897

7. AGE

Years  
37Months  
5Days  
9If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Rock Hall  
Maryland

MOTHER FATHER

13. NAME  
Herbert Strong14. BIRTHPLACE (city or town)  
(State or country)Rock Hall  
Maryland

15. MAIDEN NAME

Lillian Strong

16. BIRTHPLACE (city or town)  
(State or country)Rock Hall  
Maryland

17. INFORMANT

Eastern Shore State Hosp Records  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Church Date Dec 10, 1934

19. UNDERTAKER

W. J. O'Brien

(Address)

20. FILED

11, 1934

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 10th

(Month)

(Day)

1934  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

November 16, 1934, to December 10, 1934

I last saw her alive on December 10, 1934; death is said  
to have occurred on the date stated above, at 9 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Epilepsy (Grand mal) Date of onset  
abrupt 1905

Other Contributory Causes of importance:

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy? 2nd

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Shakespeare, M.D.  
(Address) Cambridge - Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1910
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

1910

Date of onset

1921

Date of onset

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

## Example II

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12423

## 1. PLACE OF DEATH

County.

Village or City.

Length of residence in city or town where death occurred

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female Colored

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec 1, 1934

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

East New Market.

MOTHER FATHER

13. NAME Mr. Thomas L. Thompson

East New Market

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Miss Mary Jane Thomas

East New Market

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT Thomas L. Thompson

(Address) East New Market

18. BURIAL, CREMATION, OR REMOVAL

Place: Thompson Date: Dec 2, 1934

19. UNDERTAKER Thomas L. Thompson

(Address)

20. FILED Dec 3, 1934 H. E. Parker

Registrat.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 1  
(Month) (Day)1934  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19\_\_\_\_\_, to 19\_\_\_\_\_

I last saw h alive on 19\_\_\_\_\_; death is said  
to have occurred on the date stated above, et 19\_\_\_\_\_.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Date of onset  
Steelbore  
Cause — Syphilis

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_.  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. S. Boyles

M. D.

(Address) 222 Bond St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage	DEC 6 1927	Date of onset
		July 5, 1927

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago



Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis		1 year



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12424

## 1. PLACE OF DEATH

County OstchesteVillage or City CambridgeLength of residence in city or town where death occurred 27 yrs.

No.

Registration Dist. No.

116

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. .... ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.

## 2. FULL NAME

Reita Thompson(a) Residence: No. Cambridge R 25 11

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>female</u>	<u>col</u>	<u>married single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, and year) Dec 13 1907

7. AGE	Years	Months	Deys	If LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>		<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	<u>Dance work</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	<u>Silk Mill</u>
	10. Date deceased last worked at this occupation (month and year) <u>July 1934</u>
	11. Total time (years) spent in this occupation <u>15</u>

12. BIRTHPLACE (city or town)  
(State or country) Cambridge Count 2  
Ostcheste Co Md13. NAME William Thompson14. BIRTHPLACE (city or town)  
(State or country) Cambridge Count 2  
Md15. MAIDEN NAME Elsie Dutton16. BIRTHPLACE (city or town)  
(State or country) Cambridge Q 2  
Md17. INFORMANT  
(Address) Mr William Thompson  
Cambridge R 25 1118. BURIAL, CREMATION, OR REMOVAL  
Place Coydtown Md Date 12-3d 193419. UNDERTAKER Lewis Bayneum  
(Address) Cambridge Md20. FILED 12-29-1934 by G. Murphy  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 28  
(Month) (Day)1934  
(Year)22. I HEREBY CERTIFY, That I attended deceased from December 17, 1934, to December 28, 1934I last saw him alive on December 27, 1934; death is said to have occurred on the date stated above, at 7:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis  
MycosclerosisDate of onset  
1933

1934

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Carroll M. St Clair  
(Address) Ostcheste Co Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JAN 1	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization see letter filed under St. Clair 2/2/35

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12425

## 1. PLACE OF DEATH

County Dorchester

Village or City Federalsburg, Out-side.

No.

Registration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred 8 yrs. 8 mos. 8 ds. How long in U.S. if of foreign birth? 8 yrs. 8 mos. 8 ds.

## 2. FULL NAME Isabelle Wheatley,

(a) Residence: No. Hurlock, Md. R.F.D.

St. Ward

(If nonresident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,	4. COLOR OR RACE White,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
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5a. If married, widowed, or divorced  
HUSBAND of (or WIFE of Medford Wheatley,6. DATE OF BIRTH (month, day, and year) Dec. 2nd. 1872  
7. AGE Years Months Days If LESS than  
62 15 1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work,  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at 1934 | 11. Total time (years) spent in this occupation Life,

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME No information,  
" " "  
14. BIRTHPLACE (city or town) " " "  
(State or country)15. MAIDEN NAME Ella Hammond,  
16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.17. INFORMANT Medford Wheatley,  
(Address) Hurlock, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL Place E. New Market, Md. Date Dec. 19<sup>th</sup>, 193419. UNDERTAKER J. T. Frampton & Son,  
(Address) Federalsburg, Md.20. FILED Dec. 18, 1934 Chas. H. Hastings  
Register

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12 (Month) 17 (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 13/17/34, 19, to 13/17/34, 19

I last saw her alive on 13/17/34, 1934; death is said to have occurred on the date stated above, at 130 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myositis: Duration not known. Cause?

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) G. Roger Myers M. D.

(Address) Hurlock, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12426

## 1. PLACE OF DEATH

County Worcester

(45)

Registration Dist. No.

112

Village or City near Vienna

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male white4. COLOR OR RACE Married

## 5a. If married, widowed, or divorced

HUSBAND of  
~~wife~~mrs. Charles Willey

## 6. DATE OF BIRTH (month, day, and year)

7. AGE Years 44 Months 9 Days — If LESS than  
1 day, — hrs.  
or — min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

## 10. Date deceased last worked at this occupation (month and year)

all life 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)

## MOTHER FATHER

13. NAME Jacob Willey14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Louise Durley16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT mrs. Charles Willey  
(Address) Vienna

## 18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Date Dec 31, 1934

## 19. UNDERTAKER

(Address) H. H. Wilbaugh by  
6 East New Market20. FILED Dec 31, 1934 Elizabeth J. Grafton  
Register

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.29, 1934  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
Aug 10, 1934, to Dec. 29, 1934I last saw him alive on Nov 15, 1934; death is said  
to have occurred on the date stated above, at 10:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Congestion of brain and neck.

Date of onset

Other Contributory Causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Speculated Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. D. Drayton(Address) Newark, N.J.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Dorchester

Village or City Bishop's Head (No.)

2 FULL NAME James T Wengate

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married

## 6 DATE OF BIRTH

Jan 13, 1866  
(Month) (Day) (Year)

## 7 AGE

68 yrs. 11 mos. 28 da. or min.?  
If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work watermen  
 (b) General nature of industry business, or establishment in which employed or (employer) —

9 BIRTHPLACE  
(State or country)

Dorchester County

## PARENTS

## 10 NAME OF FATHER

Gilbert B Wengate

11 BIRTHPLACE OF FATHER  
(State or country)

Dor. County

## 12 MAIDEN NAME OF MOTHER

Dorothy A Bradley

13 BIRTHPLACE OF MOTHER  
(State or Country)

Dorchester Co.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. V. Pritchett

(Address) Bishop's Head Rd.

## 15

Filed Dec 16 1934 Wilson & Pollock  
Loco'd Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 119

(131)

St. .... Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Dec 16, 1934

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

Dec 16th, 1934 to Dec 16, 1934

that I last saw him alive on Dec 15, 1934

and that death occurred on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH \* was as follows:

Deletions of heart - &  
Bright's Disease

(Duration) 1 yrs. 1 mos. 0 days.

Contributory  
Secondary

(Duration) 0 yrs. 0 mos. 0 days.

(Signed) George J. Dunn M. D.

192... (Address) Cape Sable

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 days. In the State 0 yrs. 0 mos. 0 days.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Bishop's Head

## DATE OF BURIAL

Dec 16, 1934

## 20 UNDERTAKER

L. L. LeCompte

## ADDRESS

Cambridge

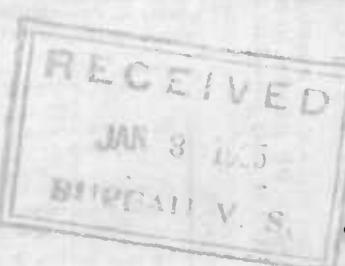
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer, Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"



unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles*; *Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.